

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Thole

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

186

1. PLACE OF DEATH		County <u>Maricopa</u> State <u>ARIZONA</u>		State File No. _____
Township _____ or Village _____		City <u>Higley</u>		Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)				
Length of residence in city or town where death occurred <u>18</u> yrs. <u>0</u> mos. <u>0</u> ds.		How long in U. S. of foreign birth? <u>30</u> yrs. <u>0</u> mos. <u>0</u> ds.		
2. FULL NAME <u>Glenna H. Fuller</u>		How long in State when death occurred? <u>30</u> yrs. <u>0</u> mos. <u>0</u> ds.		
(a) Residence: No. <u>Higley, Arizona</u> St. _____ Ward _____		(If non-resident give city or town and state)		
PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>		
5a. If married, widowed, or divorced HUSBAND of <u>Fred J. Fuller</u> (or) WIFE of _____				
6. DATE OF BIRTH (month, day, and year) <u>Mar. 31, 1900</u>				
7. AGE	Years <u>38</u>	Months <u>9</u>	Days <u>14</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION				
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>				
10. Date deceased last worked at this occupation (month and year) <u>D.K.</u>				
11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) <u>Pomeroy</u> (State or Country) <u>Wash.</u>				
FATHER				
13. NAME <u>R. A. Miller</u>				
14. BIRTHPLACE (city or town) <u>WASH.</u> (State or Country) _____				
MOTHER				
15. MAIDEN NAME <u>Verna Denny</u>				
16. BIRTHPLACE (city or town) <u>WASH.</u> (State or Country) _____				
17. INFORMANT <u>Fred J. Fuller</u> (Address) <u>Higley, Arizona</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mesa, Arizona</u> Date <u>1-17-39</u> 19 <u>19</u>				
19. EMBALMER { License No. <u>228</u> Signature <u>R. E. Daybell</u> FUNERAL DIRECTOR <u>Heldrum Mortuary</u> Address <u>Mesa, Arizona</u>				
20. Filed <u>JAN 23 1939</u> , 19 <u>1939</u> Registrar <u>J. M. McLean</u> (Address) _____				
MEDICAL CERTIFICATE OF DEATH				
21. DATE OF DEATH (month, day, and year) <u>Jan. 14, 1939</u>				
22. I HEREBY CERTIFY, That I attended deceased from <u>July</u> , 19 <u>38</u> , to <u>Jan 13</u> , 19 <u>39</u> . I last saw her alive on <u>Jan 13</u> , 19 <u>39</u> , death is said to have occurred on the date stated above, at <u>2:30</u> P. M. The principal cause of death and related causes of importance were as follows: <u>Barium of Rectum</u> Other contributory causes of importance: _____ Name of operation <u>Resection</u> Date of <u>Sept 1938</u> What test confirmed diagnosis? _____ Was there an autopsy? _____ 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____ 24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>Lawrence P. Holt</u> M. D. (Address) <u>Chandler, Ariz.</u>				